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# SECTION V

# APPENDICES

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APPENDIX A

EPILEPSY PROGRAM  
GUIDELINES FOR OUTREACH  
AND EDUCATION

(SEPTEMBER 2003)

## EPILEPSY PROGRAM GUIDELINES FOR OUTREACH & EDUCATION (September 2004)

Standard Components	Data Source	Evaluative Criteria	Guidelines/Protocols Procedures/Comments
<p>I. Outreach/Public Information/Privacy Notification</p> <p>Agency shall have an outreach plan available for review that is current and revised annually.</p> <p>Agency shall conduct a community event to educate and enhance client's and community's awareness of available services application/eligibility process, clinic/service delivery/time/location, at a minimum of 2 times each quarter.</p> <p>Agency shall have a written brochure</p>	<p>Agency Staff</p> <p>In service and training records</p> <p>Attendance</p> <p>Agency Staff</p>	<p>Written outreach plan available for review</p> <p>On-going documentation of community education sessions (content and attendance records)</p> <p>Newspaper clippings/documentation of published articles regarding clinic services, and other community media events</p> <p>Attendance records are kept on file of public information events</p> <p>Available copy of</p>	<p>Written outreach plan available and /updated within the last 12 months.</p> <p>Responsibility for coordination of public information efforts and standards for client education is specifically assigned to one or more individuals.</p> <p>Targeted audiences</p> <ul style="list-style-type: none"> <li>• law enforcement personnel/ agencies</li> <li>• firemen</li> <li>• emergency medical technicians</li> <li>• school personnel</li> <li>• families/caretakers of persons with epilepsy</li> <li>• vocational rehabilitation counselors and other personnel</li> <li>• social workers</li> <li>• other community service providers</li> </ul>

## EPILEPSY PROGRAM GUIDELINES FOR OUTREACH & EDUCATION (September 2004)

Standard Components	Data Source	Evaluative Criteria	Guidelines/Protocols Procedures/Comments
<p>and/or pamphlet with the following minimum content:</p> <ul style="list-style-type: none"> <li>• Mission/vision statement</li> <li>• Hours of operation</li> <li>• Location</li> <li>• Services offered</li> <li>• Eligibility</li> <li>• Phone number for each community clinic site if available</li> <li>• Fax number</li> <li>• Toll free line</li> </ul> <p>Agency shall provide services to meet the needs of clients who are conversationally versed in a language other than English.</p> <p>Agency shall ensure compliance with contractor civil rights obligations</p> <p>Agency shall assess the need for clinic</p>	<p>Agency Staff</p> <p>Monitoring Report</p> <p>Agency Policy/Procedures</p> <p>Agency Policy and Procedure covers civil rights procedures to cover program accessibility, complaints/grievances</p> <p>Policy statement on</p>	<p>brochure/pamphlet meeting minimum content and availability in Spanish and other language needs of clients in target area</p> <p>Available educational materials in the language of target group</p> <p>“ Know your Rights “ and “Notice of Non-Discrimination on the Basis of Disability” (Pub. 19-11385) posters in English and Spanish posted at each clinic site</p> <p>Documentation/evidence that the need for</p>	<p>Policy statement describing how agency meets language needs of targeted client population</p> <p>Agency policy/procedures are written to meet this need.</p> <p>Refer to “What TDH contractors need to know about Civil Rights Obligations”</p> <p>Posters on display as required.</p> <p>Contact person designated for</p>

## EPILEPSY PROGRAM GUIDELINES FOR OUTREACH & EDUCATION (September 2004)

Standard Components	Data Source	Evaluative Criteria	Guidelines/Protocols Procedures/Comments
<p>hours ending after 5:00 p.m. on an as needed basis and implement procedures to meet need.</p> <p>Agency shall provide a toll free phone number for easy accessibility by clients for a multi-county service area.</p> <p>Agency coordinates activities with related agencies, organizations, health and social service agencies in the community.</p> <p>Agency shall incorporate TDH forms to include privacy statement regarding collection of data on an individual.</p>	<p>after hour's statement.</p> <p>Availability of a Toll-free line.</p> <p>Agency Staff</p>	<p>extended hours has been assessed on an annual basis.</p> <p>Availability of a toll-free number for multi-county service provider</p> <p>Documentation of activities in partnership with community agencies</p> <p>Observation</p>	<p>agency for complaints Facility assesses need for extended hours on an annual basis. Policy statement regarding extended hours.</p> <p>Toll-free number is incorporated in outreach materials, brochures/printed educational materials and published articles. Toll-free number is prominently posted in each clinic site.</p> <p>Facility coordinates services between area hospital physicians, school personnel, and local epilepsy association and support group and project personnel.</p> <p>In compliance with Government Code, Section 552.021, 552.023, 559.003 &amp; 559.004</p>
II. Client Education			Recommended minimum content for

## EPILEPSY PROGRAM GUIDELINES FOR OUTREACH & EDUCATION (September 2004)

Standard Components	Data Source	Evaluative Criteria	Guidelines/Protocols Procedures/Comments
<p>Client education provided is age-appropriate and according to the established protocol for handling this type of epilepsy.</p> <p>Effort should be made to communicate in the client's primary language</p>	Medical Records	Records show documentation of education/counseling done	<p>education/counseling is as follows:</p> <ul style="list-style-type: none"> <li>• Type of seizure disorder/symptoms first aid procedures</li> <li>• Emergency numbers to call</li> <li>• Presence/absence of auras</li> <li>• Medication/dosage/side effects/interaction</li> <li>• Drug level monitoring</li> <li>• Signs of toxicity</li> <li>• Diagnostic tests</li> <li>• Treatment options</li> <li>• Follow-up (frequency) visits, weekend/after hours assistance</li> </ul> <p>Other topics as appropriate:</p> <ul style="list-style-type: none"> <li>• Birth control and AED's</li> <li>• Pregnancy and AED's</li> <li>• Driving restrictions</li> <li>• Transportation</li> <li>• School/sports/safety issues</li> <li>• Financial assistance</li> <li>• Community resources: support group legal, social services</li> <li>• Employment issues</li> </ul>
III. Professional Education			

## EPILEPSY PROGRAM GUIDELINES FOR OUTREACH & EDUCATION (September 2004)

Standard Components	Data Source	Evaluative Criteria	Guidelines/Protocols Procedures/Comments
<p>Contractor must provide for the continued development and training for professional staff as defined by Agency policy.</p> <p>Contractor collaborates participates/ facilitates and provides community wide professional education events</p>	<p>Training records</p> <p>Program Staff</p>	<p>Records kept documenting professional education for staff</p> <p>Press Release Regional/county/ workshops, conferences</p>	<p>Policy and procedure written encouraging professional education and provision of time off and reimbursement for in service activities.</p> <p>Contractor facilitates professional education events for service area to primary care providers, nurses, social workers and other health care providers.</p> <p>Encourage attendance by offering Continuing Education Units (CEUs) for respective organizations/ disciplines</p>

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# APPENDIX B

## OTHER PROGRAM INFORMATION

- List of All Forms
- Guidelines for Epilepsy Program Personnel
- List of TDH Public Health Regions
- Minimum Specifications for Purchase of Computer-related Equipment
- Civil Rights Obligations
- TDH – Resource List
- Health Insurance Portability and Accountability Act (HIPAA) Notice

## **LIST OF ALL FORMS**

Form A	Application for Financial Assistance and Instructions
Form B	Application Checklist
Form C	Program Contact Information
Form D	Administrative Information
Form E	Performance Measures and Guidelines
Form F-1	Work Plan and Guidelines
Form F-2	Work Plan Timeline
Form G	Budget Summary, Instructions and Sample

### **Detailed Budget Category Forms, General Information**

Form G-1	Personnel Budget Category Detail Form and Sample
Form G-2	Travel Budget Category Detail Form and Sample
Form G-2a	Epilepsy Clinic Site Budget Category Detail Form
Form G-3	Equipment Budget Category Detail Form and Sample
Form G-4	Supplies Budget Category Detail Form and Sample
Form G-5	Contractual Budget Category Detail Form and Sample
Form G-6	Other Budget Category Detail Form and Sample
Form G-7	Indirect Cost Budget Category Detail Form and Sample
Form H	Nonprofit Board of Directors and Executive Director Assurances Form

## **Guidelines for Epilepsy Program Personnel**

**Personnel Policies:** The epilepsy program will establish and maintain personnel policies for employees and volunteers. At a minimum, these personnel policies must include:

- a personnel manual with:
  - job descriptions for all positions
  - policies regarding selection and dismissal of staff, volunteers and others delivering or coordinating services under the provider's direction
  - policies which forbid abuse, neglect or exploitation of clients
  - policies which forbid discrimination in hiring and promotion by reason of sex, race, age, disability, creed or ethnicity
  - procedures for verifying staff/volunteer qualifications
- An annual written job evaluation on all staff/volunteers. The provider agency's board evaluates the performance of the program administrator
  - an ethics statement relating to professional staff
  - workplace and confidentiality HIV/AIDS guidelines for employees and clients
  - HIV/AIDS employee education programs

**Program Director:** TDH recommends the following minimum requirements for program directors of epilepsy projects:

- be licensed to practice as a doctor by the state and a medical degree from an accredited college or university plus two years of full-time experience in epilepsy services OR
- be licensed to practice as a registered nurse (R.N.) by the state and a master's degree in nursing or social work from an accredited college or university, plus two years of full-time experience in epilepsy services OR
- a master's degree in social work or related field from an accredited college or university, plus two years of full-time experience in social work services, one of which must have included working with epilepsy clients

**Program Director Responsibilities:** The Program Director is responsible for giving direction and promoting the evolution, growth and development of the epilepsy project. Duties that encompass this role may include:

- developing specific criteria for project evaluation and quality assurance
- ensuring that current approaches to treatment, including surgery, monitoring, social issues and neuropsychological evaluation, are used by the project
- providing on-going education to patients, their families and the community, including local physicians
- seeking out and obtaining funding for the growth of the project

Physician/Neurologist TDH recommends the following minimum requirements for physicians/neurologists of epilepsy projects:

- be licensed to practice as a doctor by the state and a medical degree from an accredited college or university plus two years of full-time experience in epilepsy services working with children and adults
- demonstrate expertise and understanding of the problems, not only of the diagnosis and treatment of epilepsy, but those that arise subsequent to making the diagnosis of epilepsy in terms of impact on patient, family and community
- expertise in neurophysiology is not required, but would complement the physicians/neurologists other activities

**Physician Responsibilities:** A competent physician/neurologist:

- monitors anticonvulsant therapy to obtain maximum benefits (seizure control) and to minimize side effects
- ensures the quality of anticonvulsant monitoring laboratories
- identifies other problem areas and makes appropriate referrals in clinic and to outside agencies to deal with these problems
- demonstrates continuous and consistent care for each patient
- performs thorough diagnostic work-ups indicating the seizure type, potential etiologies and therapeutic program. (Diagnostic tests and laboratory screening test are used appropriately in a cost effective manner.)
- keeps accurate and concise medical records that reflect the expertise of the physicians/neurologists by the indications of a diagnosis including seizure classification and treatment and the outcome of that treatment
- participates in the assessment process as a member of the interdisciplinary team

**Nurse Qualifications:** TDH recommends the following minimum requirements for epilepsy program nurses:

- be licensed to practice as a registered nurse (R.N.) by the state and a bachelor's degree in nursing from an accredited college or university plus four years of full-time experience as a practicing registered nurse, two of which must have included the treatment of epilepsy patients OR
- be licensed to practice as a registered nurse (R.N.) by the state and a master's degree in nursing from an accredited college or university plus two years of full-time experience as a practicing registered nurse, one of which must have included the treatment of epilepsy patients

**Nurse Responsibilities:** A competent nurse:

- is knowledgeable in the field of epilepsy
- provides continuing education
- stays current in epilepsy through continuing education
- monitors compliance and tracks patients for follow-up
- provides documented patient /family education/counseling

- keeps accurate and concise medical records that reflect the diagnosis, treatment procedure and outcome of the treatment
- participates in the assessment process as a member of the interdisciplinary team

**Psychologist:** There should be an identified source for psychological testing and counseling. This may take the form of a staff psychologist or neuropsychologist, or as a consultant with expertise in organic/neurological disorders.

**Psychologist Qualifications:** TDH recommends the following minimum requirements for epilepsy program psychologists:

- doctoral degree in clinical psychology from an accredited college or university plus two years of full-time experience in psychology OR
- master's degree in clinical psychology from an accredited college or university plus three years of full-time experience in psychology OR
- certification as a psychological associate by the Texas State Board of Examiners of Psychologists plus two years of full-time experience post master's degree experience in psychology

**Psychologist Responsibilities:** A competent psychologist:

- administers and interprets psychological test instruments
- participates in diagnosis/treatment planning and works with social worker to develop and implement the individual family service plan (IFSP)
- prepares reports of test results, interviews patients and makes recommendations for IFSP
- participates in research projects and program evaluation
- participates in the assessment process as a member of the interdisciplinary team

**Social Worker:** The staff of a comprehensive epilepsy clinic should include a social worker with experience in the field of epilepsy. Their role is:

- to promote family empowerment and self-determination
- through consultation with other health professionals, to increase understanding of family, social and emotional factors relevant to epilepsy and account for these in treatment
- to improve utilization of health services within the agency or health and social services elsewhere in the community

**Social Worker Qualifications:** TDH recommends that qualifications for social workers include at a minimum:

- CERTIFIED SOCIAL WORKER with a master's degree in Social Work, a passing score on the examination administered by the TDHS Social Work Certification unit and one year experience in epilepsy services OR
- SOCIAL WORKER with a bachelor's degree in Social Work, a passing score on examination administered by the TDHS Social Work Certification unit and two years experience in epilepsy services

**Social Worker Responsibilities:** A social worker assumes the overall responsibility for organizing and assuring appropriate services for the patient. This is done through the development of a comprehensive resource data base and thorough knowledge of appropriate health and social services delivery systems in order to meet the need of patient. A competent social worker:

- performs all required social work functions within specified time frames
- maintains full, accurate and current documentation of evaluations, assessments, needs, progress, services, financial data and all other categories of information required in each individual's record
- understands and subscribes to the philosophy and values of cultural competence, empowerment and community integration
- enables the patient to make informed decisions
- meets regularly with the patient to discuss progress, problems and plans (whenever possible, such contact should occur where the patient lives, attends classes, or works)
- participates in the assessment process as a member of the interdisciplinary team
- participates in community education programs
- may insure patient meets financial eligibility criteria
- refers patient for needed services for maximum use of other third party resources to meet patient's needs

**Assessment:** The social worker conducts a comprehensive assessment of the individual's medical and social needs, functional capabilities, behavioral characteristics, living arrangement, cultural identification and personal preferences. The purpose of the assessment is to:

- determine if home and community-based services are appropriate to meet the patient's needs in the community
- form the basis for a comprehensive individualized treatment plan

The assessment process will include at a minimum the patient, his family, physician, psychologist, nurse and other appropriate members of the interdisciplinary team.

**Administrative Assistant:** TDH recommends the following minimum requirements for administrative assistants:

- two years (60 semester hours) of accredited college work
- one year of full-time paid or volunteer experience in working with people with special health care needs.

# Texas Public Health Regions

## **PUBLIC HEALTH REGION 1**

Nick Curry, M.D., M.P.H.  
Public Health Regional Director  
Jon Huss, Deputy Regional Director  
**Regional Headquarters Lubbock**  
1109 Kemper  
Lubbock, Texas 79403  
806/744-3577  
806/741-1366 FAX

## **PUBLIC HEALTH REGION 7**

James K. Morgan, M.D., M.P.H.  
Public Health Regional Director  
Tom Bever, Deputy Regional Director  
**Regional Headquarters Temple**  
2408 South 37th Street  
Temple, Texas 76504-7168  
254/778-6744  
254/778-4066 FAX

## **PUBLIC HEALTH REGIONS 2 & 3**

James A. Zoretic, M.D., M.P.H.  
Public Health Regional Director  
Jan Havins, LMSW, MSSW, Deputy Regional Director  
**Regional Headquarters Arlington**  
1301 South Bowen Road, Suite 200  
Arlington, Texas 76013-2262  
817/264-4500  
817/264-4506 FAX

## **PUBLIC HEALTH REGION 8**

W. S. Riggins, Jr., M.D., M.P.H.  
Public Health Regional Director  
Anita Martinez, Deputy Regional Director  
**Regional Headquarters San Antonio**  
7430 Louis Pasteur Dr.  
San Antonio, Texas 78229  
210/949-2000  
210/949-2015 FAX

## **PUBLIC HEALTH REGIONS 4 & 5 NORTH**

Paul K. McGaha, D.O., M.P.H.  
Public Health Regional Director  
Barbara Brandon, Assistant Regional Director  
**Regional Headquarters Tyler**  
1517 W. Front Street  
Tyler, Texas 75702  
903/595-3585  
903/593-4187 FAX

## **PUBLIC HEALTH REGIONS 9 & 10**

Miguel A. Escobedo, M.D., M.P.H.  
Public Health Regional Director  
Gale Morrow, Deputy Regional Director  
**Regional Headquarters El Paso**  
P.O. Box 9428 79995-9428  
401 East Franklin Street, Suite 210  
El Paso, Texas 79901-1206  
915/834-7675  
915/834-7799 FAX

## **PUBLIC HEALTH REGIONS 5 & 6 SOUTH**

I. Celine Hanson, M.D., M.P.H.  
Public Health Regional Director  
Greta Etnyre, Deputy Regional Director  
**Regional Headquarters:**  
5425 Polk, Suite J  
Houston, Texas 77023  
713/ 767-3000  
713/ 767-3049 FAX

## **PUBLIC HEALTH REGION 11 HARLINGEN**

Brian Smith, M.D., M.P.H.  
Public Health Regional Director  
Sylvia Garces-Hobbs, Deputy Regional Director  
**Regional Headquarters:**  
601 West Sesame Drive  
Harlingen, Texas 78550  
956/ 423-0130  
956/ 444-3298 FAX

## **MINIMUM SPECIFICATIONS FOR PURCHASE OF COMPUTER EQUIPMENT**

### **Workstation**

Dell GX260 with 2.40GHz processor  
512MB Memory  
40GB Hard Drive  
1.44MB Floppy Drive  
48X CD-ROM Drive  
17" Monitor  
Integrated 10/100MB NIC  
Video and Sound Card  
Microsoft Intellimouse  
Quietkey Spacesaver Keyboard  
Windows XP Professional Operating System  
~ \$1433.00

### **Laptop**

Dell Latitude C640 with 1.7GHz processor  
14.1" SXGA display  
512MB SDRAM  
20GB Hard Drive  
Modular Floppy Drive  
24X CD-ROM Drive  
Integrated NIC  
Internal 56k Modem  
Windows XP Professional Operating System  
~ \$2300.00

### **Personal Printer**

Hewlett Packard LaserJet 1200se Printer ~ \$400.00

### **Network Printer**

Hewlett Packard LaserJet 4100n ~ \$1600.00

### **Software**

Microsoft Windows XP Professional operating system and Microsoft Office XP (includes Word, Excel, Access and Outlook) ~ \$500.00

## **WHAT TEXAS DEPARTMENT OF HEALTH CONTRACTORS AND SUBCONTRACTORS NEED TO KNOW ABOUT CIVIL RIGHTS OBLIGATIONS**

Texas Department of Health (TDH) contractors are required to inform all recipients of their rights and responsibilities under Title VI/Section 504 and Americans With Disabilities Act (ADA). They should also take the necessary steps to ensure full participation of program recipients and their right to file complaints and where to file such complaints.

Contractors and subcontractors are required to add nondiscrimination statements on all publications, posters, pamphlets and informational materials. Nondiscrimination statements should be included in radio and television announcements, bulletins and newspapers.

Contractors and subcontractors must be made aware of the proper procedures for complaints and have appropriate guidelines in place for handling civil right complaints.

Each contractor and subcontractor will be required to evaluate their policies and practices and modify policies and practices to meet nondiscrimination requirements.

Both TDH programs and contractors must make sure that programs when viewed in their entirety are readily accessible for individuals with disabilities. TDH and contractors must provide information and other materials in languages other than English, as needed to prevent barriers to participation.

Each contractor under Title VI/Section 504/ADA shall keep records and submit timely, complete and accurate compliance reports as required by the agency to determine compliance with Title VI/504 and ADA.

Procedures for filing complaints of discrimination under Title VI/Section 504/ADA:

1. Any person alleging discrimination on the basis of race, color or national origin or disability has a right to file a complaint within 180 days of the alleged discrimination action.
2. It is the responsibility of the contractor to provide appropriate information regarding how to file a complaint.
3. The Office of Equal Opportunity's (OEO) complaint form can assist the clients/beneficiaries in filing a complaint of discrimination should the need arise.

OEO is required to conduct compliance reviews of each contractor to ensure compliance with Title VI/504 and ADA.

**COMPLAINT:** A verbal or written allegation of discrimination which indicates that the programs are administered or operated in a manner that results in disparity of treatment or delivery of benefits or services due to their race, color or national origin.

**COMPLAINANT:** Any person or groups of persons that allege discrimination on the basis of race, color or national origin in the delivery of program benefits and services by a federally funded agency and its contractors.

# TEXAS DEPARTMENT OF HEALTH RESOURCE LIST

**Texas Department of Health:** <http://www.tdh.state.tx.us/default.htm>

- Grants/Funding
- Laws and Regulations
- Programs and Services, and more

**Contract Management Section:** <http://www.tdh.state.tx.us/afh-contracts/default.htm>

- Epilepsy Program – Continuation RFP
- General Contract Information
- Related Links, and more

**Grants Management Division:** <http://www.tdh.state.tx.us/grants/default.htm>

## **Forms and Documents**

- Financial Administrative Procedures Manual for TDH Contractors
- Financial Status Report – 269a, and more

## **Laws and Regulations**

- List of websites for legal citations in the General Provisions
- TDH General Provisions for Grants Contracts – Independent
- TDH Executive Order 0110 – Protest of Application or Bid Denial for Client Services Contracts, and more

**IMPORTANT MESSAGE ABOUT HIPAA PRIVACY STANDARDS  
TO PROVIDERS AND ENTITIES THAT SUBMIT PROTECTED HEALTH INFORMATION TO THE TEXAS  
DEPARTMENT OF HEALTH**

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) privacy regulations implemented standards for how information that identifies a patient can be used and disclosed. (Title 45, Code of Federal Regulations (CFR), Parts 160 and 164) The regulations apply to “covered entities” including health-care plans, health-care clearinghouses, and health-care providers. These privacy standards go into effect on April 14, 2003.

The regulations were amended in August 2002 deleting the requirement to obtain an individual's consent for the use and disclosure of private health information for treatment, payment and health care operations. (45 CFR §164.506).

**You can continue to submit information you currently submit to TDH under one or more of the following exceptions in the HIPAA Privacy Standards:**

**USE AND DISCLOSURE REQUIRED BY LAW:** Section 164.512(a) allows covered entities to use and disclose private health information if the use or disclosure is required by law. For example, TDH rules require certain diseases, injuries and conditions to be reported to TDH. Under the “required by law” exception you can continue to comply with these mandatory reporting rules.

**USE AND DISCLOSURE FOR PUBLIC HEALTH ACTIVITIES:** Section 164.512(b) permits covered entities to release private health information to a public health authority that is authorized by law to collect and receive information for preventing and controlling disease, injury, or disability. This information includes reporting of; disease, injury, vital statistics like births, deaths, marriages, divorces, etc., public health investigations, and public health interventions. Under this exception you are authorized to release information to TDH, or other public health authorities. Disclosure can be initiated by either the public health authority or by you, if it is for one of the above reasons.

**USE AND DISCLOSURE FOR HEALTH OVERSIGHT ACTIVITIES:** Section 164.512(d) permits covered entities to disclose private health information to a health oversight agency for oversight activities including audits, civil, administrative or criminal investigations, inspections, licensure or disciplinary actions, or other activities necessary for the oversight of the health-care system, government benefit programs, compliance with governmental regulation or compliance with civil rights laws.

**USE AND DISCLOSURE FOR LAW ENFORCEMENT PURPOSES:** Section 164.512(f) permits disclosure of private health information to a law enforcement officer for certain law enforcement purposes.

**USE AND DISCLOSURE TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY:** Section 164.512(j) permits disclosure of private health information if a covered entity in good faith believes the disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. The disclosure must be made to a person who is reasonably able to prevent or lessen the threat, or for identification and apprehension of an individual.

**THIS NOTICE IS YOUR AUTHORIZATION UNDER THE ABOVE EXCEPTIONS TO *CONTINUE TO REPORT THE INFORMATION YOU CURRENTLY REPORT* TO TDH AND OTHER PUBLIC HEALTH, LAW ENFORCEMENT, AND REGULATORY AUTHORITIES.**